UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Dean J Despotovich -9214

NJ ID 029141980

328 Clifton Ave

Clifton NJ 07011

973 772 6466

Djdatty@aol.com

Fax 973 772 6814

Attorney for the Debtor

In Re:

Laura Mendoza Garcia

Case No.:

24-228811-RG

Chapter:

13

Hearing Date:

5/7/25

341a-4/22/25

Judge:

Gambardella

CERTIFICATION OF SERVICE

- 1. I, attorney Dean J Despotovich Esq of 328 Clifton Ave Clifton NJ say:
 - ⊠ I represent Laura Mendoza Garcia, Debtor, in this matter.
- 2. On March 25, 2025 I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.
 - ☑ Notice of Motion to Reinstate the Automatic Stay
 - ☐ Certification in Support of Motion to Reinstate the Automatic Stay
 - Statement as to Why No Brief is Necessary
 - ☑ Proposed Order Granting Motion to Reinstate the Automatic Stay
 - X Amended Plan dated March 16 2025 with Court Notice
 - X Amended Sch D,E,F, I, J, 106 Dec/Sum forms with Court Order
 - X 341a Notice for April 22 2025 @ 2 PM
- 3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: March 25, 2025

/s/ Dean J Despotovich
Dean J Despotovich Esq

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Capital One, N.A.	Creditor POC 1	☐ Hand-delivered
c/o AIS Info Source LLC		⊠ Regular mail
4515 N Santa Fe Ave Oklahoma City, OK 73118		☐ Certified mail/ Return receipt requested
		☑ Other email-POC_AIS@aisinfo.com (As authorized by the court or rule. Cite the rule if applicable.)
JPMorgan Chase Bank, N.A.	Creditor POC 2	☐ Hand-delivered
s/b/m/t Chase Bank USA, N.A.		☐ Regular mail
c/o National Bankruptcy Services, LLC		☐ Certified mail/ Return receipt requested
P.O. Box 9013		☑ Other _email-
Addison, Texas 75001		pocquestions@nbsdefaultservices.com (As authorized by the court or rule. Cite the rule if applicable.)
Bank of America, N.A.	Creditor POC 3/4/5	☐ Hand-delivered
PO Box 673033		⊠ Regular mail
Dallas, TX 75267-3033		☐ Certified mail/ Return receipt requested
		☑ Other email- card_bankruptcy_poc@bofa.com as authorized by the court or rule. Cite the rule if applicable.)
Planet Home Lending, LLC	Creditor POC 6	☐ Hand-delivered
c/o KML Law Group	Mortgagee Counsel	☐ Regular mail
701 Market St Ste 5000		☐ Certified mail/ Return receipt requested
Philadelphia PA 19106 Attn Denise Carlon		☑ Other Email-dcarlon@kmllawgroup.com (As authorized by the court or rule. Cite the rule if applicable.)
331 Main Street Associates LLC	Creditor	☐ Hand-delivered
C/O Broadway Pizza		⊠ Regular mail
56 Broadway PATERSON, NJ 07505		☐ Certified mail/ Return receipt requested
· · · · · · · · · · · · · · · · · · ·		Other(As authorized by the court or rule. Cite the rule

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Document Page 3 of 43 Desc Main

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Firstsource Advantage	Creditor	☐ Hand-delivered
P O BOX 1280		☐ ☐ Regular mail
Oaks, PA 19456		☐ Certified mail/ Return receipt requested
		Other(As authorized by the court or rule. Cite the rule if applicable.)
Samira Sinai Cortes	Non filing co debtor	⊠ Hand-delivered
15 Mohawk Ave		☐ Regular mail
Hawthorne, NJ 07506		☐ Certified mail/ Return receipt requested
		Other (As authorized by the court or rule. Cite the rule if applicable.)
Sayed Amin Cortes	Non filing co debtor	⊠ Hand-delivered
15 Mohawk Ave		☐ Regular mail
Hawthorne, NJ 07506-3828		☐ Certified mail/ Return receipt requested
		☐ Other
		(As authorized by the court or rule. Cite the rule if applicable.)
US Trustee Office		☐ Hand-delivered
Dept of Justice		⊠ Regular mail
One Newark Center Ste 2100 Newark NJ 07102		☐ Certified mail/ Return receipt requested
		☑ Other -email USTPRegion03.NE.ECFAusdoj.gov
		(As authorized by the court or rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		☐ Hand-delivered
Chapter 13 Trustee Office		⊠ Regular mail
Marie Ann Greenberg		☐ Certified mail/ Return receipt
30 Two Bridges Rd Ste 330		requested
Fairfield, NJ 07004		☐ By Email-magecf@magtrustee.com
SBA Disaster Loan Serv Ctr		☐ Hand-delivered
c/o.US. Attorney's Office		☐ Regular mail
District of New Jersey		☐ Certified mail/ Return receipt
970 Broad Street		requested
Newark, New Jersey 07102		☐ Other _email- eamonn.ohagan@usdoj.gov
Attn Eamonn O Hagan Esq		(As authorized by the court or rule. Cite the rule if applicable.)
		☐ Hand-delivered
		☐ Regular mail
		☐ Certified mail/ Return receipt requested
		☐ Other email-
		card_bankruptcy_poc@bofa.com
		as authorized by the court or rule. Cite the rule if applicable.)
		☐ Hand-delivered
ந்		☐ Regular mail
**************************************		☐ Certified mail/ Return receipt requested
		☐ Other Email-
		dcarlon@kmllawgroup.com (As authorized by the court or rule. Cite the rule
		if applicable.)
		☐ Hand-delivered
		☐ Regular mail
		☐ Certified mail/ Return receipt requested
		Other
		(As authorized by the court or rule. Cite the rule

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Mai

/25/25, 3:27 PM

Case No. 24-22811 Mendoza Garcia

From: Jean Renzulli (jrenzulli@magtrustee.com)

To: djdatty@aol.com

Date: Monday, March 17, 2025 at 01:57 PM EDT

Mr. Despotovich,

The above debtor's 341 hearing has been rescheduled to 4/22/25 @ 2:00 PM. This hearing will take place via Zoom:

341 Meeting of Creditors Link

join.zoom.us Meeting ID 407 693 2279 Passcode 4267876130

PLEASE NOTE: IF YOUR CLIENT WILL NEED AN INTERPRETER, YOU MUST INFORM THE TRUSTEE'S OFFICE NO LATER THAN 6 DAYS BEFORE THE HEARING.

Please inform your client and creditors. You may direct them to the trustee's website, <u>www.magtrustee.com</u>, for instructions.

Jean Renzulli

341 and Case Administrator
MARIE-ANN GREENBERG, CH 13 STANDING TRUSTEE
30 Two Bridges Rd, Ste 330
Fairfield, NJ 07004-1550
973-227-2840 Ext. 122

STATEMENT OF CONFIDENTIALITY THE INFORMATION CONTAINED ON AND WITH THIS EMAIL MESSAGE IS INTENDED FOR THE ADDRESSEE ONLY. IF YOU ARE NOT THE ADDRESSEE, YOU ARE PUT ON NOTICE THAT ANY USE, DISCLOSURE, REPRODUCTION, DISTRIBUTION OR DISSEMINATION OF THE INFORMATION CONTAINED HEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THE EMAIL MESSAGE IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY SO THAT WE CAN ARRANGE FOR THE RETRIEVAL OF THE ORIGINAL DOCUMENTS AT NO COST TO YOU. THE INFORMATION IN THE EMAIL MESSAGE MAY BE PRIVLEGED AS ATTORNEY WORK-PRODUCT OR OTHERWISE.

Form 186 - ntc13plnprior



UNITED STATES BANKRUPTCY COURT

District of New Jersey MLK Jr Federal Building 50 Walnut Street Newark, NJ 07102

Case No.: 24-22811-RG

Chapter: 13

Judge: Rosemary Gambardella

In Re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Laura Mendoza Garcia
dba S&S Party Center II LLC
15 Mohawk Avenue

Social Security No.: xxx-xx-4960

Employer's Tax I.D. No.:

Hawthorne, NJ 07506

45-2719861

NOTICE OF MODIFICATION OF CHAPTER 13 PLAN PRIOR TO CONFIRMATION; FIXING TIMES TO REJECT PLAN, COMBINED WITH NOTICE THEREOF

A Plan was filed in this matter on 1/2/2025 and a confirmation hearing on such Plan has been scheduled for 3/5/2025.

The debtor filed a Modified Plan on 3/16/2025 and a confirmation hearing on the Modified Plan is scheduled for 5/7/2025 at 8:30 AM. Accordingly, notice is hereby given that,

- 1. Seven (7) days prior to the confirmation hearing of the modified plan is fixed as the last day for filing a written rejection to the modified plan.
- Pursuant to 11 U.S.C. 1323 (c), if the Plan as modified changes the rights of the holder
 of a secured claim, such holder's acceptance or rejection of the Plan before modification will
 be deemed acceptance or rejection of the Plan as modified, unless the holder changes such
 holder's acceptance or rejection of the Plan within the time fixed.
- 3. The filing of a Modified Plan does not automatically adjourn the existing Confirmation hearing. Unless the Confirmation hearing is adjourned by the Trustee or the Court, the Court will hear arguments in support of the original plan on the scheduled Confirmation date, consider the reasons for filing the modified plan, and either adjourn the hearing date, confirm the plan, dismiss or convert the case, or take any other action on the original plan deemed appropriate.

A full copy of the modified Plan will follow this notice.

Dated: March 17, 2025

JAN: mlc

Jeanne Naughton Clerk

Last revised: Movember 14, 202 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY In Re: Case No.: 24-22811 Debtor(s) Chapter 13 Plan and Motions THE DEBTOR HAS FILED FOR RELIEF UNDER CHAPTER 13 OF THE BANKRUPTCY CODE YOUR RIGHTS WILL BE AFFECTED The Court issued a separate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation hearing on the Court issued as separate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation hearing on the Court issued as separate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation hearing on the Plan proposed by the Debtor to adjust debts, You should read these pape carefully and discuss them with your attorney. Anyone who where the oppose any provision of the Plan or any motion includes received, modified, or eliminated. This Plan may be confirmed and become binding, and included motions ring be greated willout three note included, modified, or eliminated. This Plan may be confirmed and become binding, and included motions ring be greated willout there are no timely filed objections, without further notice. See Bankrupby Rule 2015. If this plan includes motions to avoid or modify inclien. The debtor need not file a separate motion or adversary proceeding to avoid or modify inclien. The debtor need not file a separate motion or adversary proceeding to avoid or modify inclien. The debtor need not file a separate motion or adversary proceeding to avoid or modify inclien. The debtor need not file a separate motion or adversary proceeding to avoid or modify inclien. The debtor need not file a separate motion or adversary proceeding to avoid or modify inclien. The debtor need not file of the debtor need to the confirmation hear	0 Valuation of Security	Assumption of Executory Contract or unexpin	red Lease 0 Lien Avoidance
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Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 8 of 43

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Part 1: Payment and Length of Plan a. The debtor shall pay to the Chapter 13 Trustee \$ _____ 317 ____ monthly for __38 __months starting on the first of the month following the filing of the petition. (If tier payments are proposed): and then \$_ month for ____months; \$____per month for ___months, for a total of ___months. b. The debtor shall make plan payments to the Trustee from the following sources: X Future earnings Other sources of funding (describe source, amount and date when funds are available): c. Use of real property to satisfy plan obligations: ☐ Sale of real property Description: Proposed date for completion: □ Refinance of real property: Description: Proposed date for completion: □ Loan modification with respect to mortgage encumbering real property: Description: Proposed date for completion: d. The regular monthly mortgage payment will continue pending the sale, refinance or loan modification. See also Part 4. ☐ If a Creditor filed a claim for arrearages, the arrearages ☑ will / ☐ will not be paid by the Chapter 13 Trustee pending an Order approving sale, refinance, or loan modification of the real property. e. For debtors filing joint petition: □ Debtors propose to have the within Chapter 13 Case jointly administered. If any party objects to joint administration, an objection to confirmation must be timely filed. The objecting party must appear at confirmation to prosecute their objection.

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 9 of 43

Part 2: Adequate Protection ⊠ N0)NE		
a. Adequate protection paymen Trustee and disbursed pre-confirmatio to be commenced upon order of the C	1 Section 1 and 1	\$to be paid to the Chapter 13 (creditor). (Adequate protection payme	
and the state of the district of the state o	ts will be made in the amount of	\$to be paid directly, by the reditor).	
Part 3: Priority Claims (Including A	dministrative Expenses)		
a. All allowed priority claims will	be paid in full unless the creditor a	agrees otherwise:	
Name of Creditor	Type of Priority	Amount to be Paid	

Name of Creditor	Type of Priority	Amount to	be Paid
CHAPTER 13 STANDING TRU	STEE ADMINISTRATIV		OWED BY STATUTE CE DUE: \$ 3500.00
DOMESTIC SUPPORT OBLIGA			
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Name of Creditor	Type of Priority	Claim Amount	Amount to be Paid
	Domestic Support Obligations assigned or owed to a governmental unit and paid less than full amount.		

Part 4: Secured Claims



a. Curing Default and Maintaining Payments on Principal Residence: ☒ NONE

The Debtor will pay to the Trustee allowed claims for arrearages on monthly obligations and the debtor shall pay directly to the creditor monthly obligations due after the bankruptcy filing as follows:

Name of Creditor	Collateral or Type of Debt (identify property and add street address, if applicable)	Arrearage	Interest Rate on Arrearage	Amount to be Paid to Creditor by Trustee	Regular Monthly Payment Direct to Creditor
					Debtor shall pay the regular monthly payment pursuant to the terms of the underlying loan documents unless otherwise ordered.

b. Curing and Maintaining Payments on Non-Principal Residence & other loans or rent arrears: ☑ NONE

The Debtor will pay to the Trustee allowed claims for arrearages on monthly obligations and the debtor will pay directly to the creditor monthly obligations due after the bankruptcy filing as follows:

Name of Creditor	Collateral or Type of Debt (identify property and add street address, if applicable)	Arrearage	Interest Rate on Arrearage	Amount to be Paid to Creditor by Trustee	Regular Monthly Payment Direct to Creditor
,	Andro Chops A Backet		talki sarjetji ž	watan in bijaya ba	
					Debtor shall pay the regular monthly
			and the second of the second		payment pursuant to the terms of the
			i i i i i i i i i	i dika katua. Pakaina katua	underlying loan documents unless
					otherwise ordered.
			i overlet opgische	Permit and Andrews (Andrews)	
2.1					
		<u> </u>	r William San Grand Comment		



c. Secured claims to be paid in full through the plan which are excluded from 11 U.S.C. 506: E NONE

The following claims were either incurred within 910 days before the petition date and are secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or incurred within one year of the petition date and secured by a purchase money security interest in any other thing of value:

Name of Creditor	Collateral (identify;property and add street address, if applicable)	interest Rate	Amount of Claim	Total to be Paid Including Interest Calculation by Trustee
		the state of the s	del significant in companie	tang i sa a sa at a sa

d. Requests for valuation of security, Cram-down, Strip Off & Interest Rate Adjustments & NONE

1.) The debtor values collateral as indicated below. If the claim may be modified under Section 1322(b)(2), the secured creditor shall be paid the amount listed as the "Value of the Creditor Interest in Collateral," plus interest as stated. The portion of any allowed claim that exceeds that value shall be treated as an unsecured claim. If a secured claim is identified as having "NO VALUE" it shall be treated as an unsecured claim.

NOTE: A modification under this Section ALSO REQUIRES the appropriate motion to be filed under Section 7 of the Plan.

Name of Creditor	Collateral (identify property and add street address, if applicable)	Scheduled Debt	Total Collateral Value	Superior Liens	Value of Creditor Interest in Collateral	Annual Interest Rate	Total Amount to be Paid by Trustee

^{2.)} Where the Debtor retains collateral and completes all Plan payments, payment of the full amount of the allowed secured claim shall discharge the corresponding lien.

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 12 of 43

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Upon confirmation, the automatic stay is terminated as to surrendered collateral only under 11 U.S.C. 362(a) and that the stay under 11 U.S.C 1301 shall be terminated in all respects. The Debtor surrenders the following collateral:

Name of Creditor	Collateral to be Surrendered (identify property and add street address, if applicable)	Value of Surrendered Collateral	Remaining Unsecured Debt

f. Secured Claims Unaffected by the Plan ☐ NONE

The following secured claims are unaffected by the Plan:

Name of Creditor	Collateral (identify property and add street address, if applicable)
Planet Home Lending	15 Mohawk Ave Hawthorne NJ
it .	
	of Grand African Significance (Addition of Co.). Light has a consistence that the control of the Co.
i di kacamatan katawa jababa kawi	

g. Secured Claims to be Paid in Full Through the Plan: NONE

Name of Creditor	Collateral (identify property and add street address, if applicable)	nterest Rate	Total Amount to be Paid through the plan by Trustee
	enegáraja organom n Portugal		र्रोज्यस्य रोगास्त्रस्य स्थितेस्य स्थानितः स्थाने । रोजन्य सम्बद्धिः स्थानितः

art !	5. Unsecured Claims ELNONE
а	. Not separately classified allowed non-priority unsecured claims shall be paid:
	☑ Not less than \$ 11,700.00 to be distributed pro rata
	□ Not less thanpercent
*	□ Pro Rata distribution from any remaining funds
b.	Separately classified unsecured claims shall be treated as follows:

Name of Creditor	Basis For Separate Classification	Treatment	Amount to be Paid by Trustee

Part 6: Executory Contracts and Unexpired Leases ⊠ NONE

(NOTE: See time limitations set forth in 11 U.S.C. 365(d)(4) that may prevent assumption of non-residential real property leases in this Plan.)

All executory contracts and unexpired leases, not previously rejected by operation of law, are rejected, except the following, which are assumed:

Contract and Contr	Name of Creditor Arrears to and paid	be Cured Na by Trustee Lea	ran in the following to the following the figure and the following the	Treatment by Debtor	Post-Petition Payment to be Paid Directly to Creditor by Debtor
1		n na in the second		New York	
	多点数多点的 排放 () [4]				
T.					3. 1. 音音·有数数语类型
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		NON	
art 7:	otions		

NOTE: All plans containing motions must be served on all affected lienholders, together with local form, Notice of Chapter 13 Plan Transmittal, within the time and in the manner set forth in D.N.J. LBR 3015-1. A Certification of Service, Notice of Chapter 13 Plan Transmittal, and valuation must be filed with the Clerk of Court when the plan and transmittal notice are served

a. Motion to Avoid Liens Under 11. U.S.C. Section 522(f). □ NONE

The Debtor moves to avoid the following liens that impair exemptions:

Name of Creditor	Nature of Collateral (identify property and add street address, if applicable)	Type of Lien	Amount of Lien	Value of Collateral	Amount of Claimed Exemption	Sum of All Other Liens Against the Property	Amount of Lien to be Avoided

b. Motion to Avoid Liens and Reclassify Claim From Secured to Completely Unsecured. ☑ NONE

The Debtor moves to reclassify the following claims as unsecured and to void liens on collateral consistent with Part 4 above:

Name of Creditor	Collateral (identify property and add street address if applicable)	Scheduled Debt	Total Collateral Value	Superior Liens	Value of Creditor's Interest in Collateral	Total Amount of Lien to be Reclassified
		era e e e e e e e e e e e e e e e e e e	to Maria Warna Sasasan wa 22	gili marandi mili saka saka saka saka sa	emineri ekonomia serik	

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 15 of 43

c. Motion to Partially Void Liens and Reclassify Underlying Claims as Partially Secured and Partially Unsecured: M NONE



The Debtor moves to reclassify the following claims as partially secured and partially unsecured, and to void liens on collateral consistent with Part 4 above:

Name of Creditor	Collateral (identify	Scheduled Debt	Total Collateral, Value	Amount to be Deemed Secured	Amount to be Reclassified as Unsecured
	property and add street address, if applicable)	Section 1997 And Section 1997			

d. Where the Debtor retains collateral, upon completion of the Plan and issuance of the Discharge, affected Debtormay take all steps necessary to remove of record any lien or portion of any lien discharged.

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- Upon confirmation
- □ Upon discharge

b. Payment Notices

Creditors and Lessors provided for in Parts 4, 6 or 7 may continue to mail customary notices or coupons to the Debtor notwithstanding the automatic stay.

c. Order of Distribution

The Trustee shall pay allowed claims in the following order:

- 1) Chapter 13 Standing Trustee Fees, upon receipt of funds
- 2) Priority claims
- 3) secured claims
- Y, 12.1. 12.1.
- 4) unsecured claims
- 5)

d. Post-Petition Claims

The Trustee ☑ is, ☐ is not authorized to pay post-petition claims filed pursuant to 11 U.S.C. Section 1305(a) in the amount filed by the post-petition claimant.

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Mai Document Page 16 of 43

ng (menengan belakan)	Plan previously filed in this ca	se, complete the informat	tion below.	Talah Mini Tanah Mini	
Date of Plan being M	odified: 03/11/25				
lain below why the pla	n is being modified:				

Any non-standard provisions placed elsewhere in this plan are ineffective.

Non-Standard Provisions:

NONE

☐ Explain here:

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 17 of 43



		re	

The Debtor(s) and the attorney for the Debtor (if any) must sign this Plan.

By signing and filing this document, the debtor(s), if not represented by an attorney, or the attorney for the debtor(s) certify that the wording and order of the provisions in this Chapter 13 Plan are identical to Local Form, *Chapter 13 Plan and Motions*.

I certify under penalty of perjury that the above is true.

Date:	3/14/2025	٠.	/s/ Laura Mendoza	
Date			Debtor	
Date:	3/14/2025		Joint Debtor /s/Dean J Despotovich	
Date.		:	Attorney for the Debtor(s)	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b) [Enter your name, address and telephone number]

Dean J Despotovich -9214 NJ ID 029141980 328 Clifton Ave Clifton NJ 07011 973 772 6466 Didatty@aol.com

Fax 973 772 6814

Attorney for the Debtor

In Re:

[Enter the debtor's name(s)]

Laura Mendoza Garcia

Case No.:

24-228811-RG

Chapter:

13

Hearing Date:

4/16/25

Judge:

Gambardella

NOTICE OF MOTION TO REINSTATE THE AUTOMATIC STAY

To: HONORABLE Rosemarie Gambardella USBJ United States Bankruptcy Court 50 Walnut Street Ctrm 3E Newark, New Jersey

> Marie-Ann Greenberg Chapter 13 Standing Trustee 30 Two Bridges Road Fairfield, NJ 07004 VIA CM/ECF

TO ALL CREDITORS
List attached

Please Take Notice that Dean J Despotovich Esq, on behalf of the Debtor, has filed papers with the court requesting to reinstate the automatic stay.

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Page 19 of 43 Document

YOUR RIGHTS MAY BE AFFECTED. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one).

If you do not want the court to grant this motion, or if you want the court to consider your views, you or your attorney must file with the clerk at the address listed below, a written response explaining your position no later than 7 days prior to the hearing date.

Hearing Date:

4/16/2025

Hearing Time:

10:00 AM

Hearing Location:

50 Walnut Street, 3rd Floor

Newark, N.J. 07102

Courtroom Number: Courtroom 3E

If you mail your response to the clerk for filing, you must mail it early enough so the court will receive it on or before 7 days prior to the hearing date.

You must also mail a copy of your response to:

Marie-Ann Greenberg Chapter 13 Standing Trustee

30 Two Bridges Road

Fairfield, NJ 07004

and to

Dean J Despotovich Esq

328 Clifton Ave

Clifton NJ 07011

If you, or your attorney, do not take the steps outlined above, the court may decide that you do not oppose the relief sought in the motion and may enter an order granting that relief.

Date: 3/11/2025

/s/ Laura Mendoza Garcia Signature of the Debtor

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Dean J Despotovich -9214

NJ ID 029141980

328 Clifton Ave

Clifton NJ 07011

973 772 6466

Djdatty@aol.com

Fax 973 772 6814

Attorney for the Debtor

In Re:

Case No.:

24-228811-RG

Chapter:

13

Laura Mendoza Garcia

Hearing Date:

4/16/25

Judge:

Gambardella

CERTIFICATION OF DEBTOR(S)

- I, Laura Mendoza Garcia debtor in this case, submit this Certification in support of my Motion to Reinstate the Automatic Stay.
 - 1. I am fully familiar with the facts set forth below.
 - 2. I filed for bankruptcy on December 31, 2024
 - 3. At that time, it was my second filing and the automatic stay was in effect until January
- 30, 2025. I did not consider it necessary as my house was current and not in danger of foreclosure nor any creditor pursuing enforcement of a judgment lien.
- 4. I request that the stay be reinstated because I wish to successfully complete my proposed plan in Chapter 13 and now advised it is necessary in order to proceed
 - 5. No creditor will actively be negatively effected by this reinstatement if granted

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 21 of 43

6. In addition, I am current with my plan payments and I have complied with all knon requirements to date to have my plan confirmed

I certify under penalty of perjury that the above is true.

Date: March 11 2025

/s/Laura Mendoza Garcia Signature of the Debtor UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Dean J Despotovich -9214 NJ ID 029141980 328 Clifton Ave Clifton NJ 07011

973 772 6466

Djdatty@aol.com

Fax 973 772 6814

Attorney for the Debtor

In Re:

Laura Mendoza Garcia

Case No.:

24-228811-RG

Chapter:

13

Hearing Date:

4/16/25

Judge:

Gambardella

STATEMENT AS TO WHY NO BRIEF IS NECESSARY

In accordance with D.N.J. LBR 9013-1(a)(3), it is respectfully submitted that no brief is necessary in the Court's consideration of this motion, as it does not involve complex issues of law.

Date: March 11 2025

/s/ <u>Laura Mendoza Garcia</u> Signature of the Debtor

UNITED STATES BANKRUPTCY	CO	URT
DISTRICT OF NEW JERSEY		

Caption in Compliance with D.N.J. LBR 9004-1(b)

Dean J Despotovich -9214 NJ ID 029141980 328 Clifton Ave Clifton NJ 07011 973 772 6466 Djdatty@aol.com Fax 973 772 6814 Attorney for the Debtor

In Re:

Laura Mendoza Garcia

Case No.:

24-228811-RG

Chapter:

13

Hearing Date:

4/16/25

Judge:

Gambardella

ORDER REINSTATING AUTOMATIC STAY

The relief set forth on the following page is hereby **ORDERED**.

[Leave the rest of this page blank]

This matter having been	presente	ed to the	Court by	7	and the
Court having reviewed the motic	n and a	ny oppo	sition fil	ed, and for go	od cause shown it is
OR DERED that			4 · · · · · ·		

The automatic stay is reinstated as to all creditors served with the motion as of the date of this order, except those previously granted stay relief.

IT IS FURTHER ORDERED that within 3 days of the date of this Order, the debtor must serve all creditors and parties in interest with a copy of this Order and immediately thereafter file Local Form *Certification of Service*.

		:					
Fill in this info	ormation to identify your case						
		The state of the s	Mendoza Garcia				
Debtor 1	Laura	Middle Name	Last Name		1		
	First Name	Madie (Rame					•
Debtor 2	11	viiddie Name	Last Name		1		
1	- a) flat flatitie						
United State	es Bankruptcy Court for the:	District of Nev	v Jersey			*	
Case numb	or lif					· 😘 Chec	k if this is an
known)	er (n				_]	amen	ded filing
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Official Fo	orm 106D						•
@_l		fore Whe	Have Claims	s Secure	d by F	roperty	12/15
OCHEV	MIC D. C.CM.		l people are filing together, b ut, number the entries, and a			201100 priving	nformation, If
☐ No. 0	creditors have claims secu Check this box and submit th Fill in all of the information b	is form to the cour	rt with your other schedules. Yo	ou have nothing else	to tebort on	qus total	
Part 1:	List All Secured Clai	ms					
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2. List all	secured claims, if a credit	or has more than c van one preditor h	one secured claim, list the cred as a particular claim, list the off as in amhahaicar, order accordi	ier Amgu	of the	ua i planealiate a ma aupuo sali	
separa Cradito	rs in Part 2. As much as pos	sible list the claim	s in alphabetical order accordi	ng to the	600 E	relaine a la company	
creditor	's name.			一种种种种			の日本の 197 00 04 04 04 04 04 04 04 04 04 04 04 04
2.1 Plane	t Home Lending	Describe (the property that secures the	claim: \$32	8,797.00	\$166,670.00	\$162,127.00
Piane	's Name		wk Avenue Hawthorne, N	J 07506			•
	esearch Parkway Ste 30	3					
Number		As of the	date you file, the claim is: Ch	eck all that apply.			*
		Contin				ŧ	
Marid	en, CT 06450	🔲 Valiqu					•
Cltv	State ZIP C				•		-
	wes the debt? Check one.	Nature of	tien. Check all that apply.		I»\		
1	ofor 1 only	⊠ An ag	reement you made (such as m	ortgage or secured o	ar toan)	•	
i —	btor 2 only	Statut	ory lien (such as tax lien, mech	anics Ren)			
Del	otor 1 and Debtor 2 only	Judgn	nent lien from a lawsuit				•
⊠ At I	east one of the debtors and	Other offset)	(including a right to				• *
	other		,		•		
U Ch	eck if this claim relates to mmunity debt		•	-			
1		Lact 4 die	gits of account number 5	8. 0 7		•	

\$328,797.00

Add the dollar value of your entries in Column A on this page. Write that number here:

		and the second second				· · · · ·		
Fill in this intom	nation to identify	our case:						
Debtor 1	Laura		Mendoza	Garcia				
	First Name	Middle Nam						
Debtor 2		•				•		
(Spouse, If filling)	First Name	Middle Nam	e Last Name			-		
United States F	Sankruptev Court	for the: District of	New Jersey					
		-			•		_	
Case number (if known)							Check if th	
(i kilotily				-	,		amended f	ung .
Official Forr	n 106E/F	•						
			Who Hav	o lines	cured Cl	laims		12/15
			11 for creditors with					1 to 4 4h =
claims that are li number the entr number (if know	Isted in Schedu lea in the boxes m).		in leases that could in tracts and Unexpired the Calims Secur the Continuation Pa					
			ims against you?			-		
□ No. Go		,						
₩ Yes.					- Arthur	valena per 1866 est consticcion (1866)	no considerazione di successiva di successiv	
claim listed amounts: A fill out the C	i, identify what ty is much as possi Sontinuation Pag	pe of claim it is; it a ble, list the claims it e of Part 1, if more	s creditor has more tha claim has both priorly alphabettoal order ac hen one creditor holds te instructions for this	ording to the c a particular cl	reditors name. If you aim, list the other cre	u h ave more than tw	ely for each claim; both priority and n o priority unsecure	Foreach oppriority dictains
			200000 T200010 out (4-3-4-00-00-00-00-00-00-00-00-00-00-00-00-0		roja cialnis		ional erity Imount
2.1 Dean II		ı	ast 4 digits of accou	nt number	•	\$3,500.00	\$3,500.00	\$0.00
Degii o	Despotovich editor's Name		-					
	FTON AVE	,	When was the debt in	currear		-		
Number	Street							
1141112	- ",-		As of the date you file	, the claim is:	Check all that apply		-	
Cliffon	NJ 07011		Contingent		•			
City	State	ZIP CORA	Unliquidated					
	irred the debt?	Check one	Disputed		,			
Who incu		Clieck one:	Type of PRIORITY un:	secured claim	:			
_	or 2 only	, ' ,	Domestic support o	bligations				
1	r 1 and Debtor 2	only	☐ Taxes and certain o	other debts you	owe the governmen	II.		
	st one of the deb	tore and another	Claims for death or	personal injur)	/ Willie you were list	MINDIGA		
1997	k if this claim is nunity debt	for a	☑ Other. Specify At	iorney rees			•	
	•	-						
ls the cla ⊠ÍNo	im subject to o	riset?			•			•

☐ Yes

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 27 of 43

Debtor 1	Laura		Mendoza Garcia	Case number	es (if known)	
	First Name	Middle Name	Last Name			
	1	r NONPRIORITY Uns	ensured Claims			
Part 2:	74					
3. Doar	ny creditors have non	priority unsecured cla	ims against you?	r other rehedules		
U N		report in this part. Subm	nit this form to the court with you	a ottler schedules	•	
i		en Janear penglaka kerajia di Kali			Table 1 Francisco	tion has more then one
			he alphabetical order of the c ely for each claim. For each clai			
includ	ed in Part-1, if more th	BU one cleditor goids a	ely for each claim, incl. each clai particular claim, list the other cr	editors in Part 3.If	you have more than t	mee nonpriority unsecured.
claims	s fill out the Continuatio	on Page of Part 2:				
			•			
4.1 BAI	NK OF AMERICA		Last 4 digits of acco	ount number	4 4 9 8	\$4,832
	priority Creditor's Name	•		incurred?		
PO	BOX 15796		VIII III III III	_		
Num	ber Street		As of the date you f	ile, the claim is: (Check all that apply.	
			☐ Contingent	,		
WIL	MINGTON, DE 198		Unliquidated		•	
City	Str	ate ZIF	Code Disputed			
Who	incurred the debt? (Check one.	Type of NONPRIOR	ITY unsecured cl	aim:	
	Debtor 1 only		Ctudent Inens			
	Debtor 2 only			g out of a separat	ion agreement or divo	rce that you did not report a
	Debtor 1 and Debtor 2 At least one of the debt		priority claims	or profit-sharing 0	lans, and other simila	r debis
		for a community debt	Other Specify	or prom one re		_
•	•			:		
	e claim subject to of	tset r				
Z 1						
	I GO	والمراجعة والمراجعة والمراجعة والمراجعة والمحاجمة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	Last 4 digits of acc	ount number	6 0 7 2	\$4,448
	NK OF AMERICA				<u> </u>	
	priority Creditor's Name	.	When was the debt	Incurred?		•
	Box 15019					
Num	nber Street		As of the date you	file, the claim is:	Check all that apply.	
			☐ Contingent			•
	LMINGTON, DE	7!	Unliquidated		•	
City			☐ Dispitied			
	o incurred the debt?	Check one.	Type of NONPRIOR	NTY unsecured c	laim:	
	Debtor 1 only		Student loans			and that you did not report s
	Debtor 2 only Debtor 1 and Debtor 2	only	-viaelių alaime			orce that you did not report a
	At least one of the det	otors and another	Debts to pension	n or profit-sharing (olans, and other simila	ır debis
	Check if this claim is	for a community debt				-
	he claim subject to o	•		ė		
ıs tı ⊠Žİ		timer.	• •			
			•			parament moments of the control of t
1	Yes					و حادث من و حسب سبر جول الا الانتقالية

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 28 of 43

Debtor 1	Laura	Mendoza Garcia	Case number (if known)	
	First Name Middle Name	Last Name		
Part 2:	Your NONPRIORITY Unsecured C	laims – Continuation Page		
	any entries on this page; number them	CONTRACTOR OF THE PROPERTY OF	4.5 and so forth.	Total cialm
	496001 10070 10010 1000 10000 1			\$2,421.61
	K OF AMERICA	Last 4 digits of acco	unt number 1 0 0 0	
Nonpri	ority Creditor's Name	When was the debt i	ncurred?	
	Sox 15019	<u> </u>		
Numbi	er Street	As of the date you fi	ie, the claim is: Check all that apply.	
<u></u>		☐ Contingent		
WILK	MINGTON, DE	Unliquidated	•	
City	State Z.	IP Code Disputed		
Who I	ncurred the debt? Check one.	Tuna AF NOMPRIORI	TY unsecured claim:	
⊠ De	abtor 1 only	Student loans		
☐ De	ebtor 2 only	Obligations arising	g out of a separation agreement or divorce that y	you did not report as
	ebtor 1 and Debtor 2 only	ariarity claims		
	least one of the debtors and another		or profit-sharing plans, and other similar debts	
Cí	neck if this claim is for a community debt	t Other. Specify		
is the	claim subject to offset?			
₩ No				
☐ Ye				
4.4 CAB	ITAL ONE	Last 4 digits of acco	unt number 2 8 3 1	\$4,804.14
CAL	iority Creditor's Name		· ·	
		When was the debt	ncurred?	
	ox 4069 Street			
Numb	er. Suber	As of the date you f	ile, the claim is: Check all that apply.	• •
		☐ Contingent	•	
	OL STREAM, IL	Unliquidated	·	
City	State Z	IP Code		
Who	Incurred the debt? Check one.	Type of NONPRIOR	TY unsecured claim:	
Ū D∈	ebtor 1 only	Chulont Inane		
	ebtor 2 only	Obligations arisin	g out of a separation agreement or divorce that	you did not report as
	ebtor 1 and Debtor 2 only	natorih (alaima:	or profit-sharing plans, and other similar debis	
∑ A	t least one of the debtors and another			
□ c	heck if this claim is for a community deb	of Other, Specify _		
is the	claim subject to offset?			
ΔN		•	•	
□ v				· 1000-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1-101-1

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 29 of 43

Debtor	1	Laura	<u> </u>	Mendoza Garcia	Case number (if known)	
		First Name	Middle Name	Last Name		•
عبتا					<u></u>	
ion care car	rt 2:	Stayonarionaliya saadii (bili		ms — Continuation Page		
After	listing a	any entries on thi	s page, number them beg	linning with 4,4, followed b	y.4.5, and ac forth.	
4,5	CAPIT	AL ONE		Last 4 digits of acc	ount number 2 5 9 8	\$5,835.72
	-	rity Creditor's Nam	6		imadb	
	РО Во	x 4069		When was the debt	incurred?	
	Number	Street				
					ile, the claim is: Check all that apply	
	CARO	L STREAM, IL		Contingent Unliquidated		
·	City		ate ZIP C	ode Disputed	•	
,	Who inc	curred the debt?	Check one			•
		tor 1 only	onesi one.	the state of the s	ITY unsecured claim:	• •
		or 2 only		Student loans	N	sou did not sonart co
		tor 1 and Debtor 2	only	Obligations arisin priority claims	g out of a separation agreement or divorce that	Anti dia uni report se
	At le	ast one of the deb	tors and another	Debts to pension	or profit-sharing plans, and other similar debts	
•	Che	ck if this claim is	for a community debt	Other. Specify		
	is the cl	alm subject to of				
	⊠ No	ann oubject to v.		•		
	Yes					
4,6	******		ن در	l ast 4 digits of acci	ount number 3 3 6 5	\$7,000.00
		E BUSINESS ity Creditor's Name				
				When was the debt	incurred?	
		MEMBER SERV	/(CE	• • • • • • • • • • • • • • • • • • •		,
	PO Bo			As of the date you t	ile, the claim is: Check all that apply.	
	Number			Contingent		
		tte, NC 28201	710.0	Unliquidated		
	City	S1	tate ZIP C	ode Disputed		
1	Who inc	curred the debt?	Check one.	Type of NONPRIOR	ITY unsecured claim:	
.1	🗹 Debi	tor 1 only		Student loans		
:	🔲 Debi	tor 2 only		Obligations arisin	g out of a separation agreement or divorce that	you did not report as
		tor 1 and Debtor 2		priority cialms		•
		ast one of the deb			or profit-sharing plans, and other similar debts	
	∐ Che	ck if this claim is	for a community debt			•
	ls the cl	laim subject to of	ffset?	**		
	M No	-		,		
	☐ Yes					

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 30 of 43

Debtor 1	Laura		Mendoza Garcia	Case number (if known)	,
	First Name	Middle Name	Last Name	· .	
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation Page		
After listing	any entries on th	s page, number them b	eginning with 4.4, followed by	4.5, and so forth.	Total camill
4.7 Main	Street 331 Asso	ciates LLC	Last 4 digits of acco	unt number	\$10,000.00
	rity Creditor's Nam roadway Pizza	e	When was the debt i	ncurred?	
Numbe	RSON, NJ 07505		As of the date you fill Contingent Unliquidated Code Disputed	le, the claim is: Check all that apply.	
☑ Deb □ Deb □ Deb □ Atle	curred the debt? of tor 1 only tor 2 only for 1 and Debtor 2 east one of the deb ick if this claim is	only	priority claims	TY unsecured claim: g out of a separation agreement or divorce that or profit-sharing plans, and other similar debts	you did not report as
is the c ☑ No ☐ Yes	laim subject to of	fset?		Galant property was an amount of the company of the second of the company of the design of the company of the c	n s samur understüttig der der der der der geben der

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 31 of 43

bfor 1	Laura		Mer	idoza Garcia	Case number (in more)
BIOI I	First Name	Middle Name	Last	Name	
Part 3:	List Others to	Be Notified About	a Debt T	hat You Aiready Listed	Leady lieted in Parts 1 or 2. For example, if a
collec agend you d	etion agency is trying by here. Similarly, if yo lo not have additional			for any of the debts that y	of that you already listed in Parts 1 or 2. For example, if a list the original creditor in Parts 1 or 2, then list the collection you listed in Parts 1 or 2, list the additional creditors here. If of fill out or submit this page. or Part 2 did you list the original creditor?
Name	and the second s			Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims
P O ! Numb	BOX 1280 er Street			Last 4 digits of account r	number
Oak	s, PA 19456	State ZIP	Code	فيسترغ ومناوا والمناوات والمناوات والمناوات والمناوات المناوات المناوات والمناوات والمناوات والمناوات والمناوات	

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 32 of 43

Debtor 1	Lau	ra	Mendoza Garcia		Case number (li known)	
	First	Name Middle Na			The state of the s	
Part 4:	Add	the Amounts for Each	Type of Unsecured Claim		· · · · · · · · · · · · · · · · · · ·	
6. Total the Add the a	amou moun	nts of certain types of uns ts for each type of unsecu	scured claims. This information red claim.	n is for s	statistical reporting purposes only. 28	U.S.C. § 159,
					Total::laim	
Total claims from Part 1	6a.	Domestic support obligi	ations	6а.	\$0.00	
	6b.	Taxes and certain other	debts you owe the government	t 6b.	\$0.00	
	вс.	Claims for death or pers intoxicated	onal injury while you were	6c.	\$0,00	
	6d.	Other. Add all other priorit Write that amount here.	y unsecured claims.	6d.	+ \$3,500.00	· .
	6e.	Total. Add lines 6a throug	h 6d,	6e.	\$3,500.00	
					001001000100410.00010000100010100044000044.0	
8686 S 08078 B 1876	877 Y				Total daim.	
Total claims from Part 2	6f.	Student loans		6f.	\$0.00	Transfer of the Control of the Contr
	6g.	Obligations arising out o divorce that you did not a	f a separation agreement or report as priority claims	6g	\$0.00	
	6h.	Debts to pension or profi similar debts	f-sharing plans, and other	6h.	\$0.00	
	6i.	Other. Add all other nonpri Write that amount here.	ority unsecured claims.	61.	+ \$39,343.01	
	6j.	Total. Add lines 6f through	61.	6j.	\$39,343.01	
·						

Debtor 1 Laura Mendoza Garcia First Name Middle Name Lest Name Debtor 2 First Name Middle Name Lest Name Case number Green			100		
Dabbre 2 (Spouse, filling) First Name Middle Name Last Name United States Bankruptoy Court for the: District of New Jersey United States Bankruptoy Court for the: District of New Jersey MM / DD / YYYY Difficial Form 106! Schedule 1: Your Income 12/15 Schedule 1: Your Income 12/15 Schedule 1: Your Income 12/15 The separate page with a separate page of the following that the separate should be supposed that the separate should be for supplying the received of the following date of	Fill in this information to id	entify your o	case:		
Debtor 2 (Stroose, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of New Jersey United States Bankruptcy Court for the: District of New Jersey United States Bankruptcy Court for the: District of New Jersey United States Bankruptcy Court for the: District of New Jersey United States Bankruptcy Court for the: District of New Jersey United States Bankruptcy (Proven) Ifficial Form 106 Check If this is: District of New Jersey United States Bankruptcy Ifficial Form 106 Check If this is: District of New Jersey Information about spour spouses in this provide search of the following date of the following date of the spouses in the spouses in the spouse in the spou	Debtor 1 1	aura		Mendoza Garcia	•
Check if filing First Name			Middle Name		
United States Bankruptcy Court for the: District of New Jersey	Debtor 2				•
United States Bankruptcy Court for the: District of New Jersey	(Spouse, if filing) Fire	st Name	Middle Name	Last Name	Check if this is:
Case number (if trown) Case number Case	United States Bankruntcy	Court for th	ne D	istrict of New Jersev	An amended filing
### DEFT Completed in the property of the pro		·			
## Second Community of the Community of			<u> </u>	·	chapter 13 income as of the following date
as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct formation. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any dittional pages, write your name and case number (if known). Answer every question. art 1: Describe Employment Fill in your employment Information. Fy ou have more than one job, attach a separate page with information about additional new power and solve employee. Fill in your employment Information. Babtor 1 Gebto 2 or not filing stouse. Fill in your employment Information. Cocupation Owner and solve employee Manager Employer's name Employer's name Employer's address Employer's address Employer's address Fill Mohawk Ave Number Street S&S Party Center II Hawthorne. NJ 07506-3828. City State Zip Code Woodland Park. NJ 07424-2539 City State Zip Code Woodland Park. NJ 07424-2539 City State Zip Code The propose on the fines below. If you need more space, attach a separate sheet to this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unities you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the fines below. If you need more space, attach a separate sheet to this form. Fee Debtor 1: For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. Sound Sunday Sund	-		<u> </u>	<u></u>	MM / DD / YYYY
as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct formation. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any ditional pages, write your name and case number (if known). Answer every question. 2xt 11 Describe Employment Fill in your employment information. If you have more than one job, attach a separate page with information. Belief 1 Cocupation Owner and sole employee Manager Employer's name Employer's name Employer's address Employer's address Employer's address Employer's address Employer's address S&S Party Center II Hawthorne. NJ 07506-3828 City City Code Woodland Park. NJ 07424-2539 City State Zip Code Woodland Park. NJ 07424-2539 City State Zip Code How long employed fither form. If you have northly income as of the date you file this form. If you have northing to report for any line, write \$0 in the space. Include your non-filling spouse unites you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the fines below. If you need more space, attach a separate sheet to this form. Fire Debtor 13 For Debtor 2 or non-filling spouse Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00	Official Form 10	el.		·	
as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct formation. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your vouse is not filling with you, you for include information about your spouse. If you are separated and your vouse is not filling with you, you for include information about your spouse. If you are separated and your vouse is not filling with you, you for include information about your spouse. If you are separated and your vouse is not filling with you, you for include profit you have more than one job, allach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer's address Employer's address Employer's address S&S Party Center II Hawthorne, NJ 07506-3828 City State Zip Code How long employed there? How long employed there? How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. Fire Debtor 2 or recognition and your non-filing spouse was a special payroll deductions.) If not paid monthly, calculate what the monthly wage would be 2. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					
formation. If you are married and not filing jointly, and your spouse is living with you, include information about your repasse. If you are separated and your yourse is not filing with you, do not include information about your control include information about your control include information about your spouse. If you can be presented and your your control include information about your spouse. If you have more than one job, attach a separate page with information about additional employers. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer's address Employer's address S&S Party Center II Hawthorne. NJ 07506-3828 City State Zip Code How long employed there? How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated about Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separate sheet to this form. For Debito 1 Fer Debito 2 or issentline spouse. List monthly gross wages, salary, and commissions (before all payroll deductions) if not paid monthly, calculate what the monthly wage would be 2 \$0.00 \$0.00	chedule I: Y	our In	come		12/15
If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Comparison about additional employers name Employer's name Employer's address Employer's name Employer's name Employer's address Employer's name Employer's address Employer's address Employer's address Employer's name	ouse is not filing with you	u, do not in r name and	clude information abou	it your spouse. If more space is needed	mation about your spouse. If you are separated and your I, attach a separate sheet to this form. On the top of any
If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Comparison about additional employers name Employer's name Employer's address Employer's name Employer's name Employer's address Employer's name Employer's address Employer's address Employer's address Employer's name					
atlach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address 15 Mohawk Ave		nt		Debtor 1	Debtor 2 or non-filling apouse
Information about additional employers. Include part time, seasonal, or self-employer work. Occupation may include student or homemaker, if it applies. Self Employer's address Employer's address Employer's address Self Interpretation New Jersey 1117 Mcbride Ave Number Street Self Number Street Number Street Self Number Street Number Street Self Number Street			Employment status	☑ Employed ☐ Not Employed	☑ Employed ☐ Not Employed
Employed work. Cocupation may include student or homemaker, if it applies. Employer's address 15 Mohawk Ave Number Street Number Street	information about addit		Occupation	Owner and sole employee	<u>Manager</u>
Employer's address Occupation may include student or homemaker, if it applies. 15 Mohawk Ave Number Street Number Street	Include part time, seaso	onal, or	Employer's name	Self	
Cocupation may include student or homemaker, if it applies. Number Street S&S Party Center I	self-employed work.	•	Employer's address	15 Mohawk Ave	-
Hawthorne, NJ 07506-3828 City State Zip Code C					
City State Zip Code How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00	or nomemaker, in it app	iles.		S&S Party Center II	
City State Zip Code How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00			•		
City State Zip Code How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00					
How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00		•	•		
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00			Davidana amalawad f		Code City State ZIp Code
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 ÷ \$0.00			now long employed t	neter	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 ÷ \$0.00	St. 24 Give Details A	hané Afan	this income		
more space, attach a separate sheet to this form. Per Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 2. \$0.00 \$0.00 \$0.00	Estimate monthly inco	me as of th		n. If you have nothing to report for any lin	e, write \$0 in the space. Include your non-filing spouse
List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. + \$0.00				yer, combine the information for all emplo	oyers for that person on the lines below. If you need
deductions.) If not paid monthly, calculate what the monthly wage would be 2. \$0.00 \$0.00 Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00				Før Deb	
Estimate and list monthly overtime pay. 3. + \$0.00 + \$0.00	List monthly gross wag deductions.) If not paid	ges, salary, monthly, ca	and commissions (before the commissions)	ore all payroll y wage would be. 2. \$0	<u> </u>
Calculate gross income. Add line 2 + line 3. 4. \$0.00 \$0.00	, , ,	· ·			0.00 ÷ \$0.00
	Calculate gross income	a. Add line 2	2 + line 3.	4. \$(0.00

page 1

Det	otor 1	Laura		Mendoza Garcia	l	Cas	e number (if known)	
		First Name	Middle Name	Last Name		1		mannon mannon sommen (see segmente) et de la sette de la segmenta de la segmente de la segmente de la segmente
				* ************************************		For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 h	here		→	4.	\$0.00	\$0.00	
5.	List all payro	oll deductions:		*				,
	5a. Tax, Med	licare, and Social	Security deductions		5a.	\$0,00	<u>\$0.00</u>	
	5b. Mandato	ry contributions f	or retirement plans		5b.	\$0.00	\$0.00	
	5c. Voluntary	y contributions fo	r retirement plans		5c.	\$0.00	<u>\$0.00</u>	
	5d. Required	l repayments of re	etirement fund loans	-	5d.	\$0.00	\$0.00	
	5e, Insuranc	e			5e.	\$0.00	<u>\$0.00</u>	
	5f. Domestic	c support obligati	ons		5f.	\$0.00	\$0.00	
	5g. Union du	les			5g.	\$0.00	<u>\$0.00</u>	
	5h. Other de	ductions. Specify			5h.	+ \$0.00	+ \$0.00	-
6.	Add the payr	roll deductions. A	dd lines 5a + 5b + 5c + 5d + 5c	∋ +5f + 5g + 5h.	6.	\$0.00	<u>\$0.00</u>	
7.	Calculate tot	al monthly take-h	ome pay. Subtract line 6 fr	om line 4.	7.	\$0.00	\$0.00	
8.	List all other	income regularly	received:					•
		me from rental pro on, or farm	pperty and from operating	a business,				
	Attach a	statement for each	n property and business sh	owing gross	•			
		ordinary and nece net income.	ssary business expenses,	and the total	8a.	\$3,174.75	\$0.00	
		and dividends	· .	•	8b.	\$0.00	\$0.00	
	8c. Family st		that you, a non-filing spou /e	ise, or a		, . 		
	include a		ipport, child support, maint	enance, divorce	8c.	\$360,00	\$0.00	
		yment compensa			8d.	\$0.00	\$0.00	
	8e. Social Se	ecurity			8e.	\$0.00	\$0.00	
	8f. Other go	vernment assista	nce that you regularly reco	eive				
	assistanc	e that you receive	d the value (if known) of ar s, such as food stamps (ber istance Program) or housir	refits under the		· · · · · · · · · · · · · · · · · · ·	•	
	Specify: .		·		8f.	\$0.00	\$0.00	
	8g. Pension	or retirement inco	ome		8g.	\$0.00	\$0.00	
	8h. Other mo	onthly income. Sp	ecify: Income from All	Other	8h.	+ \$1,500.00	+ \$0.00	
			Sources Rental (Parents)	1			
9.		•	s 8a + 8b + 8c + 8d + 8e +	8f +8g + 8h.	9.	\$5,034.75	\$0.00	
10.	Add the entri	onthly income. Ad es in line 10 for Do	d line 7 + line 9. ebtor 1 and Debtor 2 or nor	n-filing spouse	10.	<u>\$5,034.75</u>	+ \$0.00	\$5,034.75
11.	State all other	er regular contribi	utions to the expenses tha	t you list in Sched	ule J.			÷*.
	friends or rela	ativos	nmarried partner, members ready included in lines 2-10					
	Specify:			· ·	٠.		11. +	\$0.00
12.	Add the amo	ount in the last co	lumn of line 10 to the amou ur Assets and Liabilities an	u nt in line 11. The i d Certain Statistica	result is t I Informa	he combined monthly i tion, if it applies	ncome. Write that	\$5,034.75
		, 2						Combined monthly income
13	Do vou evre	ct an incresse or	decrease within the year a	fter you file this fo	rm?	•		•
ıv.	Voi expe	CL AN HICITASE OF	westerse within the hear o	and Jon III and I				
	☐ Yes, Expla	ain:		·				

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 35 of 43

Debtor 1	Laura	•	Mendoza Garcia		ase number (if known)	
	First Name	Middle Name	Last Name			
8a. Attache	d Statement		TO COMMUNICATION A SEASON (All communication or graphing suggests a design communication of communication of the c			٠.
			Rental Incor	me		
1. Gr	oss Monthly Income:					\$1,500.00
2. TC	OTAL EXPENSES		•			\$0.00
3. AV	ERAGE NET MONTHL	YINCOME		·		\$1,500.00

Laura		*8
		Mendoza Garcia
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
otcy Court for the:		District of New Jersey

2	100
(E)	Check if this is an
_	amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?	
☑ No.		
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	.
Under penalty of perjury, I declare that I have read	the summary and schedules filed with this declaration and that they are true and correc	.t.
/s/ Laura Mendoza Garcia Laura Mendoza Garcia, Debtor 1		
Date 03/12/2025 MM/ DD/ YYYY		9000 N

					The Control of the Co		
Fill in this information to	identify your ca	se:					
Debtor 1	Laura		Mendoza	Garcia			
	irst Name	Middle Name	Last Name			if this is:	
Debtor 2	•		•			amended filing	na nastratition chantas 19
(Spouse, if filing)	irst Name	Middle Name	Last Name			upplement snowing the following the followin	ng postpetition chapter 13 ollowing date:
Jnited States Bankrupt	cv Court for the	t e	District of Ne	w Jersey			_
Case number		•			мм	/DD/YYYY	-
if known)			٠				
	·				·		
fficial Form 1	<u>06J</u>			·			
chedule J:	Your Ex	coenses					. 12
The second secon		the state of the s	oonie are filing i	onether both are	equally responsib	le for supplying (correct information. If mor
as complete and accu ice is needed, attach a	nate as possibl mother sheet to	o this form. On the	top of any addi	tional pages, writ	e your name and c	ase number (if kn	nown). Answer every ques
art 1F Describe Yo	ur Household	d	the state of the s		70. Fa.		
Is this a joint case?			•				•
No. Go to line 2.							
Yes. Does Debtor	r 2 live in a sep	arate household?					
□ _{No}	•			• .			
☐Yes. De	btor 2 must file	Official Form 106J	-2, Expenses for	Separate House	nold of Debtor 2.		
Do you have depend	ients?	□No					
Do not list Debtor 1 a	•	Yes. Fill out t	hie information	Dependent's re		Dependent's	Does dependent live
Debtor 2.			endent	Debtor 1 or De	btor 2	age	with you?
Do not state the depo	endents'			Child			_ □No. ☑Yes.
Do not state the dependence.	endents'			Child Child			_ □ _{No.} ☑ _{Yes.} _ □ _{No.} ☑ _{Yes.}
•	endents'						_ □No. ☑Yes.
•	endents'						_
•	endents'						_ □No. ☑Yes.
•	endents'						_ □No. ☑Yes. - □No. □Yes.
names.	n suddenskad postanen men vilk film for	anni gaaranna ann ann ann ann ann ann ann ann					_ □ No. ☑ Yes. _ □ No. □ Yes. _ □ No. □ Yes.
names.	nclude		Make an active and an electrical state of				_ □ No. ☑ Yes. _ □ No. □ Yes. _ □ No. □ Yes.
names. Do your expenses in	nclude other than	☑ No □ Yes					_ □ No. ☑ Yes. _ □ No. □ Yes. _ □ No. □ Yes.
Do your expenses in expenses of people	nclude other than	-					_ □ No. ☑ Yes. _ □ No. □ Yes. _ □ No. □ Yes.
Do your expenses in expenses of people yourself and your de	nclude other than ependents?	-	ess.				_ □ No. ☑ Yes. _ □ No. □ Yes. _ □ No. □ Yes.
Do your expenses in expenses of people yourself and your do litt 2: Estimate Your expenses	nclude other than ependents? our Ongoing I	Yes Wonthly Expens	e unless vou are	Child	as a supplement in	a Chapter 13 cas	No. 2 Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your do	nclude other than ependents? our Ongoing I	Yes Wonthly Expens	e unless vou are	Child	as a supplement in a top of the form an	a Chapter 13 cas	No. 2 Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your do	nclude other than ependents? our Ongoing f as of your bar y is filed. If this	Yes Wonthly Expense nkruptcy filing date is a supplementa	e unless you are al <i>Schedule J</i> , ch	Child using this form eck the box at the	e top of the form ar	id fill in the applic	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your do to the control of the	oclude other than ependents? our Ongoing f as of your bar by is filed. If this	Yes Wonthly Expense of the second se	e unless you are il <i>Schedule J</i> , ch sistance if you k	Child using this form eck the box at the	e top of the form ar	id fill in the applic	No. 2 Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your do timate your expenses te after the bankrupto clude expenses paid for assistance and ha	nclude other than ependents? our Ongoing ! as of your bar y is filed. If this or with non-car ve included it o	Yes Monthly Expens nkruptcy filing date is is a supplementa sh government as- on Schedule I: You	e unless you are il <i>Schedule J</i> , ch sistance if you k ir Income (Officia	child using this form a eck the box at the mow the value of al Form 106l.)	e top of the form ar	id fill in the applic	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your determined the bankrupton of the people of	oclude other than ependents? our Ongoing f as of your bar y is filed. If this or with non-car ve included it co	Yes Monthly Expens nkruptcy filing date is is a supplementa sh government as- on Schedule I: You	e unless you are il <i>Schedule J</i> , ch sistance if you k ir Income (Officia	child using this form a eck the box at the mow the value of al Form 106l.)	e top of the form ar	id fill in the applic	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your definate your expenses te after the bankrupto clude expenses paid for assistance and hat The rental or home for the ground or lot.	nclude other than ependents? our Ongoing ! as of your bar by is filed. If this or with non-car we included it o	Yes Monthly Expens nkruptcy filing date is is a supplementa sh government as- on Schedule I: You	e unless you are il <i>Schedule J</i> , ch sistance if you k ir Income (Officia	child using this form a eck the box at the mow the value of al Form 106l.)	e top of the form ar	You	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your do art 2: Estimate Your expenses te after the bankruptoclude expenses paid for assistance and har The rental or home for the ground or lot.	oclude other than ependents? our Ongoing ! as of your ban y is filed. If this for with non-can ve included it of pownership expense.	Yes Monthly Expens nkruptcy filing date is is a supplementa sh government as- on Schedule I: You	e unless you are il <i>Schedule J</i> , ch sistance if you k ir Income (Officia	child using this form a eck the box at the mow the value of al Form 106l.)	e top of the form ar	You	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. No. Yes.
Do your expenses in expenses of people yourself and your do art 2: Estimate You it imate your expenses the after the bankrupto clude expenses paid for assistance and hat The rental or home of for the ground or lot. If not included in lin 4a. Real estate taxes	nclude other than ependents? our Ongoing ! as of your bar by is filed. If this or with non-car ve included it of ownership exper-	Yes Monthly Expens nkruptcy filing date is a supplementa sh government as on Schedule I: You enses for your res	e unless you are il <i>Schedule J</i> , ch sistance if you k ir Income (Officia	child using this form a eck the box at the mow the value of al Form 106l.)	e top of the form ar	4	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. te to report expenses as o cable date. 1. **Expenses** **2,679.00**
Do your expenses in expenses of people yourself and your do stimate your expenses ate after the bankrupto clude expenses paid fach assistance and ha The rental or home of the ground or lot. If not included in lines 4a. Real estate taxes 4b. Property, home	oclude other than ependents? our Ongoing ! as of your bar y is filed. If this for with non-car ve included it of pownership expense.	Yes Monthly Expens nkruptcy filing date is a supplementa sh government as on Schedule I: You enses for your res	e unless you are al <i>Schedule J</i> , ch sistance if you k ar Income (Officia idence, include t	child using this form a eck the box at the mow the value of al Form 106l.)	e top of the form ar	You	No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. The to report expenses as or cable date. See to report expenses as or cable date. \$2,679.00

Debtor 1 Laura Mendoza Garcia Case number (if known) First Name Middle Name Last Name Your expenses \$0.00

5	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6.	Utilities:		
W.,	6a. Electricity, heat, natural gas	6a.	\$124.00
	6b. Water, sewer, garbage collection	6b,	\$33.00
- (6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$180.00
	6d. Other. Specify:	6d.	\$0.00
7. I	Food and housekeeping supplies	7.	\$400.00
8. (Childcare and children's education costs	8.	\$406.00
9. (Clothing, laundry, and dry cleaning	9.	\$150.00
10. I	Personal care products and services	10.	\$80.00
11. 1	Medical and dental expenses	11.	\$50.00
12. 1	Fransportation. Include gas, maintenance, bus or train fare.		
	Do not include car payments.	12.	\$200.00
13. E	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$40.00
14. (Charitable contributions and religious donations	14.	\$20.00
	nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
1	5a. Life insurance	15a.	\$0.00
1	5b. Health insurance	15b.	\$0.00
1	5c. Vehicle insurance	15c.	\$350.00
1	5d. Other insurance. Specify:	15d.	\$0.00
16. T	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.		T A CONTRACTOR OF THE CONTRACT
	Specify:	16.	\$0.00
17. li	nstallment or lease payments:	4	·
1	7a. Car payments for Vehicle 1	17a.	\$0.00
1	7b. Car payments for Vehicle 2	17b.	\$0.00
1	7c. Other. Specify:	17c.	\$0.00
	7d. Other. Specify:	17d.	\$0.00
18, Y	our payments of alimony, maintenance, and support that you did not report as deducted rom your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19. C	Other payments you make to support others who do not live with you.		Account of the second of the s
S	pecify:	19.	\$0.00
20. C	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		· ·
2	0a. Mortgages on other property	20a.	\$0.00
2	0b. Real estate taxes	20b.	\$0.00
2	0c. Property, homeowner's, or renter's insurance	20c.	\$0.00
2	0d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
2	0e. Homeowner's association or condominium dues	20e.	\$0.00

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 39 of 43

Debtor 1	Laura		Mendoza Garcia	Case num	ber (if known)	•
	First Name	Middle Name	Last Name			٠
1. Other. Sper	cify:	en man en	д в больш в в в в в в в в в в в в в в в в в в в	21.	+ \$0.00	naga genatina da asamatiga.
2. Calculate v	our monthly expense	s.				on constraint of
	nes 4 through 21.	.		22a	\$4,712.00	A. COLUMNIA AND AND AND AND AND AND AND AND AND AN
22b, Copy I	line 22 (monthly expen	ses for Debtor 2), i	f any, from Official Form 106J-2	2 2 b.	\$0.00	NATIONAL PROPERTY.
22c. Add lin	ne 22a and 22b. The re	esult is your monthly	y expenses.	22c.	\$4,712.00	· · · · · · · · · · · · · · · · · · ·
+ .						
Calculate y	our monthly net inco	me.	* * *			
23a. Gopy I	ine 12 (your combined	l monthly income) f	rom Schedule I.	23a.	\$5,034.75	
23b. Copy y	our monthly expenses	s from line 22c abov	ve.	23b.	\$4,712.00	
23c. Subtra	ct your monthly expen	ses from your mon	thly income.			7
Theire	sult is your monthly no	et income.		23c.	\$322.75	
				and the second s		
4. Do you exp	ect an increase or de	crease in your exp	enses within the year after you fi	ile this form?		
For example mortgage p	e, do you expect to fini ayment to increase or	ish paying for your decrease because	car loan within the year or do you of a modification to the terms of y	expect your your mortgage?		
☑ No.	man in normalista constantini di constantini di constantini di constantini di constantini di constantini di co	* ************************************			e NATA AMBIEN (SANSINI SANSINI	
☐ Yes.			· ·	•		**************************************
NAME OF THE PARTY						WWW.WWW.WW

Fill in this informatio	n to identify your case.			
Debtor 1	Laura		Mendoza Ga	ırcla
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:			District of New J	ersey
Case number	•			
(if known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

art 1: Summarize Your Assets		and the second s		
			Your assets	5
			Value of wh	#1 # 3
Schedule A/B: Property (Official Form 106A/B)				
1a. Copy line 55, Total real estate, from Schedule A/B				\$166,670.00
1b. Copy line 62, Total personal property, from Schedule A/B				\$20,200.00
1c. Copy line 63, Total of all property on Schedule A/B				\$186,870.00
To. Copy line 60, Total of all property on Control of Control				
art 2: Summarize Your Liabilitles	en an en en <u>en en e</u>	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	•		Your liabilit	
	v.		Amount you	
A Company of the Comp	4060)			
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the	he last page of Part 1 o	f Schedule D		\$328, 7 97.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)				
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e	of Schedule E/F			3500
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line	6j of Schedule E/F		+	\$39,343.0
	•	Your total liabilities		\$371,640 <u>.0</u>
art 3: Summarize Your Income and Expenses			Ü	
O				
. Schedule I: Your Income (Official Form 106I)				\$5,034.75
Convivour combined monthly income from line 12 of Schedule I				
Copy your combined monthly income from line 12 of Schedule I				

Case 24-22811-RG Doc 34 Filed 03/25/25 Entered 03/25/25 16:16:58 Desc Main Document Page 41 of 43

Debtor 1	Laura		Mendoza Garcia	Case number (if known)	<u> </u>
	First Name	Middie Name	Last Name	_	
art 4: Answ	er These Ques	tions for Administr	ative and Statistical Records		
Are you filing	for bankruptcy ur	nder Chapters 7, 11, or	13?		
				rm to the court with your other schedules.	
☑ Yes					
	LANGE OF THE STATE	The sales is a sale in the sales of the sale	ARA-MINISTRINI SIN SAMASA MARAMATAN		
What kind of	debt do you have?				
			mer debts are those "incurred by an inc	fividual orimarily for a personal.	
	household purpose	s." 11 U.S.C. § 101(8). F	Fill out lines 8-9g for statistical purpose	es. 28 U.S.C. § 159.	
☐ Your debt	ts are not primarily	consumer debts. You	have nothing to report on this part of	the form. Check this box and submit	
		ur other schedules.		·	
		h et kommer. Annik din et h. Pennik di Sila Sila di Si		pping granten and a construction (Michigan de Membra and Michigan (Michigan)	outered sittle entry in define a president in men of a reservoir and another
From the Stat	ement of Your Cul	rrent Monthly Income:	Copy your total current monthly incom	ne from Official	40.050.65
Form 122A-1	Line 11; OR, Form	122B Line 11; OR, For	m 122C-1 Line 14.		\$6,059.67
100 Mary School Managage or Marining Laurence Lands	A STATE OF THE PARTY OF THE PAR		-		
-	$\frac{P}{r}$				•
Copy the follo	wing special cate	cories of claims from i	Part 4, line 6 of Schedule E/F:		
					•
				Total claim	
From Part	4 on Schedule E/F	copy the following:			·
	-			ACCOMMEND FAMILIES	
9a. Domesti	c support obligation	ns (Copy line 6a.)		<u> </u>	
Oh Toyon on	ed contain other del	ots you owe the govern	ment (Conviline 6b.)	\$0.00	
SD. IAXES AI	iu certain other der	ots you owe trie govern	mionic (oop) mie oory		
				4	
9c. Claims fo	or death or persona	al injury while you were	intoxicated. (Copy line 6c.)	\$0.00	
9d. Student	loans. (Copy line 6	f.)		\$0.00	
	•			•	
,			or divorce that you did not report as pr	iority \$0.00	•
A. Otherster	ns arising out of a	separation agreement of	of divorce that you did not report as pri		
9e.Obligation claims. (0	Copy line 6g.)				
9e.Obligation claims. (C	Copy line 6g.)				4.5
claims. (0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	paring plans, and other	similar debts. (Conv.line 6h.)	+ \$0.00	
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Form oresadoc - oresadocv27

UNITED STATES BANKRUPTCY COURT

District of New Jersey MLK Jr Federal Building 50 Walnut Street Newark, NJ 07102

Case No.: 24-22811-RG

Chapter: 13

Judge: Rosemary Gambardella

In Re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Laura Mendoza Garcia

dba S&S Party Center II LLC

15 Mohawk Avenue

Hawthorne, NJ 07506

Social Security No.:

xxx-xx-4960

Employer's Tax I.D. No.:

45-2719861

ORDER RESPECTING AMENDMENT TO SCHEDULE D, E/F, G OR H OR LIST OF CREDITORS

The Court having noted that the debtor filed an Amendment to Schedule D,E/F on 3/12/2025 or to the List of Creditors on , and for good cause shown, it is

ORDERED that the debtor must provide notice of the Amendment to the creditor(s) or party(ies) being deleted, added or modified and to the trustee in the case, if any, not later than 7 days after the date of this Order.

It is further ORDERED that the debtor(s) must serve on added creditors or parties, not later than 7 days after the date of this Order, the following:

- 1. A copy of the applicable Notice of Chapter 13 Bankruptcy Case, and
- 2. In a Chapter 11 case:
 - a) a copy of the last modified plan and disclosure statement, if any, and
 - b) a copy of any order approving the adequacy of the disclosure statement and/or the scheduling of the plan for confirmation.
- 3. In a Chapter 12 or Chapter 13 case:
 - a) a copy of the Notice of Hearing on Confirmation of Plan, if any, and
 - b) a copy of the last modified plan that has been filed in the case.

It is further ORDERED that not later than 7 days after the date of this Order, the debtor(s) must file the Local Form, Certification of Service, certifying compliance with the above requirements.

It is further ORDERED that the added creditors or parties have

1. until the original deadline, if any, fixed by the court to file a complaint to object to the debtor's discharge or dischargeability of certain debts, or sixty 60 days from the date of this Order, whichever is later:

- 2. until the original deadline, if any, fixed by the Court to file a proof of claim or required supplement, or sixty 60 days from the date of this Order, whichever is later;
- 3. until the original deadline fixed by the Court to object to exemptions, or thirty 30 days from the date of this Order, whichever is later.

Dated: March 13, 2025

JAN: mlc

Rosemary Gambardella United States Bankruptcy Judge